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CONFIRMATION NO. 7658

<b>SERIAL NUMBER</b> 10/728,082	<b>FILING OR 371(c) DATE</b> 12/03/2003 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1654	<b>ATTORNEY DOCKET NO.</b> 24492-013 CIP
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## APPLICANTS

Antonio Cruz, Toronto, CANADA; *mmcg*

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/691,123 10/22/2003 which claims benefit of 60/420,187 10/22/2002 *mmcg*  
 and claims benefit of 60/420,399 10/22/2002 *mmcg*  
 and claims benefit of 60/428,100 11/21/2002 *mmcg*  
 and claims benefit of 60/428,562 11/22/2002 *mmcg*  
 and claims benefit of 60/430,590 12/03/2002 *mmcg*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

-NONE- *mmcg*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/30/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 1	TOTAL CLAIMS 53	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>mmcg</i> Initials			

## ADDRESS

30623

## TITLE

Gastrin compositions and formulations, and methods of use and preparation

<b>FILING FEE RECEIVED</b> 2478	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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